



in affiliation with the
World Jewish Restitution
Organization

767 Fifth Avenue
Suite 4600
New York, NY 10153

tel: 212 • 521 • 0106
fax: 212 • 319 • 8681
e-mail: claims@rslmgmt.com

CLAIM FORM

Part I-A Claimant

Commission for Art Recovery

This is a claim form for the Commission for Art Recovery. Information provided on this form will be entered into a computer database and compared with provenance data, insurance company and museum records, Nazi confiscation lists, and other resources in an effort to locate stolen art and aid in its recovery.

Whenever possible and appropriate we will forward information about missing items to other organizations which can be helpful in the recovery of stolen art.

Please fill in all sections of this claim form as thoroughly as possible. Although this form seeks detailed information (which might not always be available in full), incomplete information is perfectly acceptable.

I Case Information

I-A Claimant Information

(confidential to the Commission for Art Recovery)

This section seeks biographical information about the claimant. This is the individual who claims to have ownership rights to the work of art that was stolen. If there is more than one claimant, each individual claimant must complete a copy of this section. (This section may be reproduced as needed.)

OFFICE USE ONLY

Claimant ID # _____

Claimant type _____

Original ID # _____

Entry by _____

1. Last name _____
2. First name _____
3. Middle name _____
4. Maiden name (if applicable) _____
5. Previous name(s) (include date of name change)

6. Current address _____
7. City _____
8. State/Province _____
9. Zip/Postal code _____
10. Country _____

PLEASE PROCEED TO THE REVERSE SIDE OF THIS PAGE

Reverse of Part I-A Claimant Information

11. Home telephone _____
12. Work telephone _____
13. Fax number _____
14. E-mail address _____

Victim(s) Information:

15. Victim(s) last name _____
16. Victim(s) first name _____
17. Victim(s) middle name _____
18. Victim(s) date of birth _____

Victim(s) Place of birth

19. City _____
20. State _____
21. Country _____
22. Nationality (including all previous)

23. Places of residence and/or home addresses from 1937-1945:

24. Additional information about the victim (please attach an additional page if necessary)



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Part I-B Rep Info

I-B Representative Information

This section seeks information about the representative of the claimant. If the person submitting the claim is not someone entitled to inherit, this section must be filled out. Written and notarized authorization or power of attorney from the claimant providing authorization to the named representative must also be attached. All information regarding the claimant (the individual who has granted power of attorney or other authorization) must still be provided in Section I-A above. If there is more than one representative, each individual representative must complete a copy of Section I-B of this form. (This section may be reproduced as needed.)

25. Representative's last name _____

26. Representative's first name _____

27. Representative's middle name _____

28. Representative's relationship to claimant _____

29. Do you have documentation confirming this relationship?
[☐] Yes [☐] No

30. If so, what is it? (please include a copy with this form)

31. Representative's legal firm, company, or other organization
(where applicable) _____

32. Representative's business address _____

33. City _____

34. State/Province _____

35. Zip/Postal code _____

36. Country _____

PLEASE PROCEED TO THE REVERSE SIDE OF THIS PAGE

Reverse of Part I-B Representative Information

37. Representative's home address _____
38. City _____
39. State/Province _____
40. Zip/Postal code _____
41. Country _____
42. Home telephone _____
43. Work telephone _____
44. Fax number _____
45. E-mail address _____



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Part II-A Art Objects

II Art Objects

II-A Object Information

This section seeks information about art objects claimed. Please complete separate copies of this section for each object claimed OR you may attach information for each object and our staff will complete this form. (This section may be reproduced as needed, or we can send you additional copies.) If photographs of objects are available, please submit copies of these with the claim form. Even if photographic reproductions are submitted, please provide all available information on each object in the appropriate section of the claim form. Incomplete information is perfectly acceptable.

OFFICE USE ONLY

Parent record type _____

Claimant/Source ID # _____

Sequence # _____

46. Artist: Attributed to [] Known []

47. Title(s)

48. Subject

49. Date of execution (i.e. 1675)

50. Country/Place of origin

51. Object type (i.e. painting, sculpture, print)

52. Medium (i.e. oil, marble, ink)

53. Measurements: [] Exact [] Approximate [] Inches [] Centimeters

54. Height _____ 55. Width _____ 56. Diameter _____

Reverse of Part II-A Art Objects

Distinctive markings:

57. Signature _____

58. Date _____

59. Edition or number _____

60. Inscription(s) _____

61. Other identifying marks (i.e. labels, repairs) _____

62. Present ☐ or last known ☐ location

63. Additional description (attach additional page if necessary)

64. Photo or other image available? ☐ Yes (if yes please attach) ☐ No

65. May we keep the photo(s)? ☐ Yes ☐ No

66. Was the art insured? ☐ Yes ☐ No ☐ Don't know

67. Name of policy holder _____

68. Insurance company name (if known) _____

69. Insurance policy number (if known) _____

70. Insurance city (if known) _____



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Part II-B Circumstantial Info

II-B Circumstantial Information

This section seeks details concerning the theft of the art object.

71. Please describe what you know about the circumstances of the theft of the object. For example: Was the victim present at the seizure of the object? Did the victim flee his/her home? Was the object lost in transit? Attach additional page(s) if necessary. (Please include copies of any documents you have pertaining to circumstances of theft.)

72. Does this apply to all the art in this claim? [] Yes [] No
(If yes you need only describe these circumstances once.)

73. If you have made any previous claims or inquiries to any other organization or government body, please identify them and include all details and copies of any pertinent documents. Note: Whatever happened before does not stop you from filing your claim with the Commission for Art Recovery. We are requesting this only for the purpose of collecting as much information as possible.

Reverse of Part II-B Circumstantial Information

Part III Statement of Accuracy

Documentation

This section seeks information about documentation, if available, of the claimant's rightful ownership of the art claimed and its past or present whereabouts.

74. Do you have any appraisals, storage or transport records, or published materials referring to the art which you are claiming?

☐ Yes Please attach copies of all relevant documents.

☐ No

75. Use this section to provide any other information which you think may be important to your claim or which may assist in our efforts to locate your art.

III Statement of Accuracy

The following statement insures that the information received by the Commission for Art Recovery is true and accurate.

All claimants and representatives must acknowledge this statement with a signature before this claim is processed. Failure to do so will result in a delay processing this claim.

I promise that the information given in this claim form is true and accurate to the best of my knowledge.

Claimant name

Claimant signature

Date

Representative's name

Representative's signature

Date
